


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 374682 1. Entity Name CROOKS PRINTING SERVICE INC.	
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04192005 No Chg-P CR2E034 (10/03)

Principal Place of Business 5904 FUNSTON ST HOLLYWOOD, FL 33023	Mailing Address 5904 FUNSTON ST HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1313858	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROOKS, RICHARD C 5904 FUNSTON ST HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROOKS, RICHARD 5904 FUNSTON STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROOKS, RICHARD C 14735 HORSHOE TRACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROOKS, PHYLLIS A 14735 HORSESHOE TRACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROOKS, DAVID C 14735 HORSESHOE TRACE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000328630 04/25/05-80085-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C. Crooks 4/20/05 954-961-7997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DAVID C. CROOKS, V.P. & Director